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Nutrition

Goal

To promote health and reduce chronic disease risk, disease progression, debilitation, and premature death associated with dietary factors and nutritional status among all people in Kentucky.

Overview

Nutrition is essential for growth, development, and maintenance of every individual. Diet has been linked to preventable illness and premature death in the United States and to the nation's economic burden. In Kentucky, dietary factors are associated with four of the ten leading causes of death: coronary heart disease, some types of cancer, strokes, and diabetes mellitus. Dietary factors are also linked to osteoporosis, which is the major underlying cause of bone fractures among the elderly and postmenopausal women in the United States. During the last five years, obesity rates have increased in children, adolescents, and adults in Kentucky. The effects of diets high in fats and sugars and the lack of physical activity contribute to the obesity "epidemic". The economic costs of adult obesity for Kentucky were estimated by Centers for Disease Control and Prevention (CDC) in 2003 to be \$1.163 billion.

Summary of Progress

Objectives 2.1 through 2.3 deal with pediatric and adult obesity which continue to be on the rise. Legislation, advocacy, and health programs have been activated during the last five years to address obesity, but progress is not expected to impact data for at least a generation. Growth retardation or underweight among low-income children has improved slightly over the last five years. Among participants of the Women, Infants and Children (WIC) food program, underweight has improved over the last five years showing a decrease from 6.2 percent in 2000 to 4.0 percent in 2004. Diet related problems such as iron deficiency and meals low in fruits and vegetables continue to be prevalent. The objective for consumption of five fruits and vegetables per day has not been attained during the last five years in Kentucky. Iron deficiency anemia in low income children under the age of five has remained stable at approximately 11 percent from 2000 to 2004.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Nutrition	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
2.1. Increase to at least 50 percent the prevalence of healthy weight (defined as a body mass index (BMI) greater than 19.0 and less than 25.0) among all people aged 20 and older.	35.6% (2000)	≥50%	32.6% (2004)	No	BRFSS
2.2. Reduce to less than 15 percent the prevalence of BMI at or above 30.0 among people aged 20 and older.	23.5% (2000)	<15%	26.1% (2004)	No	BRFSS
2.3. Reduce to 5 percent or less the prevalence of overweight and obesity (at or above the sex and age specific 95 th percentile of BMI from the revised NCHS/CDC growth charts) in children (aged 1-5 and 6-11) and adolescents (aged 12-19). Children <5 and on WIC	13.5% (2000)	≤5%	17.7% (2003)	No	PedNSS
Adolescents in High School	12.3% (2000)	≤5%	14.6% (2003)	No	YRBSS
2.4. Maintain reduced growth retardation among low-income children aged 5 and younger to 5 percent or less.	6.2% (2000)	≤5%	4.0% (2004)	Target Achieved	PedNSS
2.5. Increase to at least 40 percent the proportion of people age 2 and older who meet the Dietary Guidelines' minimum average daily goal of at least five servings of vegetables and fruits. Adolescents in High School	19.2% (2001)	≥40%	13.2% (2003)	No	YRBSS
Adults Age 18 and Older	22.7% (2000)	≥40%	18.2% (2003)	No	BRFSS
2.6R. Reduce iron deficiency to 7 percent or less among low-income children less than age 5.	11.2% (2000)	≤7%	11.8% (2004)	No	PedNSS

R = Revised objective